

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022620

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1034

FILED JUL 9 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b <b>45 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1239 E. PORTLAND</b>		d. STREET ADDRESS (If outside, give location) <b>1239 E. PORTLAND</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>J.</b> Last <b>HENNESSY</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>2</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/3/83</b>
9. AGE (last birthday) <b>79</b>		10. IF UNDER 1 YEAR Months <b>79</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done or nature of working life ever if retired) <b>RETIRED DIST. PLANT ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S.W. BELL TEL. CO.</b>	
11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>DENNIS HENNESSY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY</b>	
14. NAME OF HUSBAND OR WIFE <b>DAISY HENNESSY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>NO</b> or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>DAISY HENNESSY, SPRINGFIELD, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal condition given in PART I (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>several years</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary emphysema, severe.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:45</b> a.m. <b>P.M.</b> Month, Day, Year <b>3 June 1962</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>3 June 1962</b>		20f. CITY, TOWN, OR LOCATION <b>2 July 1962</b>	
21. I attended the deceased from <b>3 June 1962</b> to <b>2 July 1962</b> and last saw him alive on <b>25 June 1962</b> Death occurred at <b>7:45 P.M.</b> on the date stated above, and to the best of my knowledge from the causes stated.		22. SIGNATURE (Degree or title) <b>Samuel E. Doolmes, M.D.</b>	
22b. ADDRESS <b>600 S. Glenstone Springfield</b>		22c. DATE SIGNED <b>3 July 62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/6/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>	
23d. LOCATION (City, town, or county) <b>SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7-5-62</b>	
26. REGISTRAR'S SIGNATURE <b>Effie E. Merton</b>		27. FUNERAL DIRECTOR <b>H. LOHMEYER FUNERAL HOME</b>	
ADDRESS <b>SPRINGFIELD, MO.</b>		28. REGISTRAR'S SIGNATURE <b>Effie E. Merton</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 24 1962

AUG 15 1962

Permit valid 7-5-62

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Levin T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.